	of Health Service R						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL057-030		( ) , , , , , , , , , , , , , , , , , ,		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		B. WING		C 08/30/2019			
IAME OF F	PROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY.	STATE, ZIP CODE	1		
ארביים איני	EM LIONE		OND ROAD				
KIVEKVI	EW HOME		L, NC 287				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL		
	INITIAL COMMENTS  A complaint survey was completed on 8/30/19. Deficiencies were cited. The complaints were not substantiated (Intake # NC155005, NC154591, NC154580, NC154456 and NC154411).  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.  27G .0202 (A-E) Personnel Requirements		V 000	Reach has strict policies on persons living in the home of any person Staying in the home are to have criminal background checks before being permitted to stay. Reach was unaware of staff #4 being in the home for the extendend			
10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all			night stays. Staff #4 will be permitted home for any of time. The di from the home on August 6th This was also save day the	smissal was 2019 the Executive went out Reach's tigation. or any g in the			

Division	of Health Service F				FORM APPROVE		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	MHL057-030		B. WING		C 08/30/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	00/00/2013		
RIVERV	IEW HOME	25 DRY P	OND ROAD				
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V 107	Continued From page 1 applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.  (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.  (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.			amount of ti Consumers in AFLSTAFF has crained & retron these polices HM has been on these police Future staff crained on the Olicies All staff train	e able  ny PC,  or be  r any  me with  a nome.  re been  aired  icies.  retrained  ies.  to be  we AFL  red on		
	facility failed to mai employed indicating other qualifications verification of licens for 1 of 7 sampled s are: Record review on 8 -No personnel file for Interview on 8/23/19 Law Enforcement re- He had investigate 7/31/19. (DC #3 die -His only concern w	view and interviews, the ntain a file for each individual g training, experience and for the position, including se, registration or certification staff (Staff #4). The findings 1/16/19 for Staff #4 revealed: or Staff #4 was available. 9 with Detective #1 with local evealed: d the death of DC #3 on	400+	rut viave sper	cial diets, consumers often vts) ion to ing is		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C MHL057-030 B. WING 08/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 DRY POND ROAD RIVERVIEW HOME MARSHALL, NC 28753 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 107 Continued From page 2 will be 100% V 107 that day. -"Did not find any wrong doing" and no criminal Interviewing charges were filed. process, postiv -No video was available. -He interviewed Staff #4 who showed him how indeed she fed DC #3. With her hand on the forehead open positions she tilted the head back- held spoon with food up the home. to her mouth until she would open her mouth. More "assisted feeding" not forced feeding. Family not -There were disgruntled employees whom he Permitted in home interviewed. They didn't like the way DC #3 was being fed. unless theu -Time of death was so far after feeding that it 4 under go a would not have caused her death. background check. Interview on 8/22/19 with Staff #1 revealed: only trained para -She had worked with HM/Licensee since 2013 Professionals are to and had 25 years of experience. -Staff #4 was her daughter in law and would often <del>beed</del> or give any stay with her at the facility. dersonal' -Was aware Staff # 4 was only to provide consumers. housekeeping. -Left the facility around 6pm on 7/4/19 leaving AFL has been re-Staff #4 with clients for about an hour before Staff trained on Reach #3 was due to come in. Policies regardin -She had trained Staff #4 to help feed DC #3. They would take turns trying to entice DC #3 with a bite of food. -Staff #4 would have never force-fed DC #3. Attempts to contact Staff #4 were unsuccessful. being in the Interview on 8/16/19 with House Manager revealed: nome, positive atti -He had hired Staff #4, who was Staff #1's emeanor with all staff daughter in law, to do housekeeping and run around errands for this and sister facility. -Staff #4 was hired as housekeeper in April/May rticipation in the 2019 and worked about 30 hours a week. lowe, 4 timeliness -He was aware she did not have a high school

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DIVISION	of Health Service R				FORM APPROVED			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL057-030		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED			
		B. WING	- 40-96	C 08/30/2019				
NAME OF PROVIDER OR SUPPLIER STREET AD		DRESS CITY	STATE, ZIP CODE	00/30/2019				
PIVEDV	IEW HOME		OND ROAD					
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	pay for classes to e work with clients where was aware Star with her mother in libut had made it cle housekeeping dutie -Staff #4 was to new -Had no idea Staff #4 clients.  Interview on 8/22/19 Professional (QP) re-She visited the hore-"[Staff #4], I though -Staff #4 was going wasn't hirable for so -She saw her a cour facility but thought season was aware to much dram linterview on 8/16/19 -Staff #4 had been in housekeeping so she had worked the -The HM usually fout the licensee for hirin -Didn't find out about -The HM was trying	ne was only to do offered to help her enroll and offered to help her enroll and hich she wanted to do. If #4 was staying at the facility aw due to her homelessness ar she was just there for es. ever be left alone with clients. If was doing personal care for  with the Qualified evealed: me monthly. It was a housekeeper." to be a direct care worker but ome reason. ple of times during visits to the she was only cleaning. In are you a new employee? In are you a new employee? If got personal and ugly." If got personal and ugly." If with Licensee revealed: In a with	V 107	of any incicling "out of the ordinatevents."  Hm + staff #= on 90 day properiod.	ary"			
V 110	27G .0204 Training/ Paraprofessionals		V 110	Britany Wals	on MALQP			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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MHL057-030		B. WING		08/30/2019		
				STATE, ZIP CODE		
RIVERVIEW HOME 25 DRY PO			OND ROAD ∟L, NC 2878	:3		
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V 110	Continued From pa	ige 4	V 110			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					
	Based observations reviews, the facility	s, interviews and record failed to ensure 2 of 6 ssional staff (House Manager				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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((ssF-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	PROVIDER OR SUPPLIER  25 DRY PO  MARSHALI  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		V 110	DEFICIENCY)		

PRINTED: 09/06/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C MHL057-030 08/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 DRY POND ROAD **RIVERVIEW HOME** MARSHALL, NC 28753 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (≍5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 110 Continued From page 6 V 110 pay for classes to earn her GED so she could work with clients which she wanted to do. -He was aware Staff #4 was staying at the facility with her mother in law due to her homelessness but had made it clear she was just there for housekeeping duties. -Staff #4 was to never be left alone with clients. -Had no idea Staff #4 was doing personal care for clients. Interview on 8/30/19 with the Licensee President revealed: -Both Staff #1 and the HM had disciplinary actions for allowing a person without training to provide services to clients. -A new policy/procedure with all AFLs had been put into place regarding extended family in the AFLs absolutely not providing service or being left alone with a client unless they had received and were up to date on trainings.